

To : CCSS Agent
By Fax at 2504 2752 or
By Email at ccss@cahk.hk

**Customer Complaint Settlement Scheme
for the Telecommunications Industry**

MEMBERSHIP APPLICATION FORM

This form is to be filled in by the telecommunications service provider who would like to participate in the Customer Complaint Settlement Scheme (CCSS) for handling complaints. Unless the context otherwise requires, the definition of terms as set out in the *Memorandum of Understanding for the Operation of the Customer Complaint Settlement Scheme by the Communications Association of Hong Kong (MoU)*¹ should also apply in this application form.

I. General Information

Company Name

(English):

(Chinese)

Address:

Website

¹ The MoU can be downloaded at <http://ccss.cahk.hk/en/about.html>.

Authorised Representative

The Authorised Representative will be the primary contact point of this application

Name _____

Job Title _____

Tel. Number: _____

Fax Number: _____

E-mail: _____

II. Business Nature

The applicant is a holder of a telecommunications licence no.(_____)
issued under the Telecommunications Ordinance (Cap. 106).

The applicant offers the following telecommunications service(s) for personal
and/or residential use (Please tick the appropriate box(es) :

- Fixed Telephony Service
- Mobile Service
- Bundled Service (please specify _____)
- Others (_____)
- Fixed Broadband Service
- IDD / Calling Card Service

**III. Designated Channel(s) for Handling Complaints under the
CCSS**

Tel. Number: _____

Fax Number: _____

E-mail: _____

IV. Designated Contact Point(s) for Handling Complaints under the CCSS

Name

Job Title

Tel. Number:

Fax Number:

E-mail:

V. Proposed Case Referral Number for Handling Complaints under the CCSS

VI. Declaration

1. We have read and fully understood the information provided in the MoU and the *Supplementary Guidelines on Processing Application for Membership of Customer Complaint Settlement Scheme by CCSS Agent (Guidelines)*;
2. We hereby agree to complete the tasks as stated in paragraph 2.2(a)-(c) of the Guidelines if our eligibility for application is confirmed by CCSS Agent;
3. If this application is approved by the Governing Committee of CCSS Agent, we hereby agree to publish the information in relation to the CCSS on our company website within five working days; and
4. Upon admission as a CCSS Member, we hereby agree to comply with the MoU concerning the roles and responsibilities of CCSS Members with regard to the CCSS, including paying the non-refundable service fee as specified under the MoU for each case using the mediation service under the CCSS.

Signed by authorized signatory:

Date:

(Name and title)

(Company Chop : _____)

CCSS internal use

Date received:

Handled by: